



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	10/551,753
Filing Date	September 30, 2005
First Named Inventor	MANESIS
Group Art Unit	3754
Examiner Name	Cartegena, Melvin A.

Attorney Docket Number

D-3132

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <i>(in duplicate)</i>	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

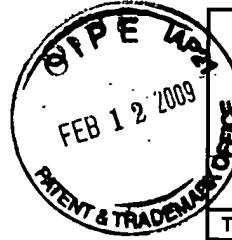
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	2/9/09	Reg. No.	25,612

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Janet McGhee
Date	2/9/09

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Fees Pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

*Patent fees are subject to annual revision.*

Application claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 65.00

### *Complete if Known*

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First Named Inventor	MANESIS
Examiner Name	Cartegena, Melvin A.
Art Unit	3754
Attorney Docket No.	D-3132

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication	<input checked="" type="checkbox"/> Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	510	270	650	325	
Provisional	220	110	0	0	0	0	
							<u>Subtotal (1)</u> <b>0</b>

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity</u>
52	26

Each Independent claim over 3 or, for Reissues, each independent claim more than in the original patent

220	110
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Multiple Dependent Claims

390	195
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Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

<u>Multiple Dependent Claims</u>
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-20 or HP =      X      \_\_\_\_\_

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

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-3 or HP =      X      \_\_\_\_\_

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HP = highest number of independent claims paid for, if greater than 3

Subtotal (2) **0**

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/50=	(round up to a whole number)	x	=

Subtotal (3) **0**

Fee Paid (\$)

#### 4. OTHER FEE(S)

- Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- Non-English Specification: \$130 fee (no small entity discount)
- 1-month extension of time: \$130 fee (\$65 small entity discount)
- 2-month extension of time: \$490 fee (\$245 small entity discount)
- 3-month extension of time: \$1110 fee (\$555 small entity discount)
- 4-month extension of time: \$1730 fee (\$865 small entity discount)
- 5-month extension of time: \$2350 fee (\$1175 small entity discount)
- Information Disclosure Statement Fee: \$180 fee (no small entity discount)
- Notice of Appeal: \$540 fee (\$270 small entity discount)
- Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount)
- Request for Oral Hearing: \$1080 fee (\$540 small entity discount)
- Utility Issue Fee: \$1510 fee (\$755 small entity discount)
- Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- Request for Continued Examination: \$810 fee (\$405 small entity discount)
- Other: \_\_\_\_\_

Subtotal (4) **65**

### SUBMITTED BY

Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750
Signature			Date	2/9/09	